

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/508851 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5		1				
6	1					
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50						
TOTAL IND.	6					
TOTAL DEP.	39					
TOTAL CLAIMS	45					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-875 (REV. 1-25-80)

U.S. DEPARTMENT OF COMMERCE
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